



County of San Diego

EDWARD A. BAKER, JR.
DIRECTOR

DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT

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County of San Diego Volunteer Report Form Period July 1, 1999 – June 30, 2000

June 16, 2000

HCD currently has two volunteers, who serve as members of the Board of Commissioners. In accordance with State Law, two tenants of the Housing Authority must serve as voting members of the Board of Commissioners for the Housing Authority. No financial savings are incurred from this activity.

EILEEN WILSON
(s55) 694-8750

**COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD JULY 1, 1999 - JUNE 30, 2000**

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1. DEPARTMENT/COURT INFORMATION:

Department/Court: Housing and Community Development

Division/Unit: _____

2. VOLUNTEER PROGRAM BENEFITS:

- a. GENERAL VOLUNTEER (this section should include community volunteer, student intern, groups, corporations, etc.)

No. Vol.	_____	Hours	_____	x	\$14.83	=	_____
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Types of work performed by GENERAL VOLUNTEERS in this category: _____

Tenant members for the Housing Authority Board of Commissioners

- b. INSTITUTIONAL VOLUNTEER (this section should include court referrals, honor camp inmates, PIC/RETC, GAIN, etc.)

No. Vol.	_____	Hours	_____	x	\$ 14.83	=	_____
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Types of work performed by INSTITUTIONAL VOLUNTEERS in this category:

N/A

- c. SPECIALIZED VOLUNTEERS (this section should include utilization of Special Volunteers in positions requiring specific skills and/or expertise levels, for example, an attorney, physician, sports figure or celebrity. These specialized positions have verifiable compensation levels (VCL). If you have such a volunteer, please indicate the position, hours and compensation level below.

Position	_____	Hours	_____	x	VCL	=	Dollar Benefit
_____	_____	_____	_____	x	_____	=	\$ _____

No. Vol	_____	Total Hours	_____	Total Value	\$ 0
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Types of work performed by SPECIALIZED VOLUNTEERS in this category: _____

N/A

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d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

<u>No. of Volunteers</u>	<u>Hours</u>	<u>Dollar Benefit</u>
2a: two	24 hours per year	\$ 0
2b: _____	_____	\$ _____
2c: _____	_____	\$ _____

TOTALS: _____	\$ 0
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3. DONATIONS TO VOLUNTEER PROGRAM:

Please list all donations to the department's Volunteer Program including monetary donations and tangible/intangible items. Items such as computers, air time, transportation, books, etc. Please assign a fair market value to each and add to the total value of the donations section.

<u>Item Donated</u>	<u>Value</u>	<u>Item Donated</u>	<u>Value</u>
N/A	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

TOTAL VALUE \$ 0

4. VOLUNTEER PROGRAM COSTS:

- a. Cost of direct supervision of volunteers (total hours of direct supervision times hourly rate of staff person(s) directly supervising program volunteers.

Hours N/A x Rate \$ _____ =

\$ 0

- b. Cost of program coordination (total hours of program coordination times hourly rate of coordinator(s). This section should include coordination of staff, compiling statistics, job description preparation, volunteer placements and recognition, etc.

Hours N/A x Rate \$ _____ =

\$ 0

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- c. Other program costs (volunteer training materials/supplies, recognition costs, etc.):

Item	Cost
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL OF OTHER PROGRAM COSTS

=

\$ 0

- d. TOTAL OF VOLUNTEER PROGRAM COST =
(add 4a, 4b, and 4c)

\$ 0

5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

- a. Total Dollar Benefits of Volunteers, Item 2d (Page 2) \$ _____
- b. Total of Donations to Volunteer Program, Item 3 (Page 2) \$ _____
- ADD a + b \$ _____
- c. Subtract Total of Volunteer Program Costs, Item 4d (Page 3) (\$ _____)

TOTAL PROGRAM BENEFIT

\$ 0

6. **RECRUITING:**

Please describe your recruiting programs:

7. **SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS:**

Please describe any special activities and/or achievements your program was involved in during the period of this report:

N/A

8. **VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2000-01:**

Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:

9. **GENERAL INFORMATION:**

Name of Person Completing Report:_____

Phone Number:_____ Mail Stop_____ E-Mail_____

Volunteer Coordinator:_____

Phone Number:_____ Mail Stop_____ E-Mail_____

10. **DEPARTMENT CERTIFICATION:**

DEPARTMENT HEAD SIGNATURE

DATE